

## **Section II: COLLABORATION RECOMMENDATIONS**

An overarching goal of this plan is to build an integrated system of care for children with SED that is coordinated across agencies and that expands capacity by maximizing the existing resources of each agency.

Both the Idaho Children's Mental Health Services Act and the authors of the Needs Assessment recognize that collaboration is central to meeting this goal. "[T]he authors [of the Needs Assessment] believe that *changes which lead to increased collaboration among the relevant systems are more important to Idaho's children and their families than any other recommendations contained in this report.*"

While recognizing the importance of collaboration to the success of this plan, it is also necessary to acknowledge the time and effort that is required in order for collaboration to occur. Effective collaboration can never be mandated and must be continuously nurtured and supported. This plan describes a new way of doing business, which will require the cooperation and participation of entities not named in the lawsuit. While the Defendants cannot require all of these entities to collaborate, they are committed to providing leadership, staff support and technical expertise to encourage collaboration wherever possible.

The following recommendations and action items create a state level council to lead and oversee implementation of this plan. The council will have the authority to establish local councils to aid in implementation, along with access to resources that may be used to support the operation of the local councils. The key powers and duties of the state and local level councils are described in the action items under the relevant recommendation.

### **FINANCIAL STATEMENT:**

Many of the collaboration recommendations can be achieved through existing resources in conjunction with the new resources requested. With the use of existing resources it is important to make sure that the recommendation is not met at the expense or detriment of other programs or service provision. The Governor's budget provides for additional funding that would be used, in part, to fund the collaboration recommendations as follows. The Executive Order that will create the Idaho Council on Children's Mental Health (ICCMH) under recommendation number 2 can be done within existing resources. The ICCMH would have access to the \$135,000 of new resources for operational costs and to implement parts of the collaboration recommendations. The development of the local councils would be funded with \$350,000 of the new resources. This money could be used for their operational costs, development of other local councils in the region, computers or contracts for services.

### **Recommendation 2.**

**The Governor's Office should immediately establish a Child & Family Cabinet Council as a vehicle to formalize interagency decision-making at the state level. (Priority 1)**

**Background/Framework for Implementation:**

In response to the 1999 Needs Assessment, the State of Idaho established the *Children's Mental Health Needs Assessment Executive Committee* to oversee the process of implementing recommendations of the Needs Assessment. The directors of DHW, DJC, SDE, and other entities have met with representatives of the Federation of Families to discuss and review issues which affect children whose needs may cross agency boundaries, and to develop and prioritize action items for implementation of the Needs Assessment.

The Committee is made up of representatives of the Governor's office, the Legislature, the Judiciary, the Department of Health and Welfare, the Department of Juvenile Corrections, the State Department of Education, the courts, the Idaho Federation of Families, the State Planning Council on Mental Health, and various key stakeholder groups. An Executive Order will establish the Idaho Council on Children's Mental Health (ICCMH), establishing the Council's responsibility to oversee the implementation of the Idaho Children's Mental Health Services Act and the implementation plan adopted by the federal court. Because the Executive Committee has been in place for over a year, the ICCMH will be able to begin operating immediately with a degree of experience regarding the issues and with some protocols already in place.

**Priority Action Items and Timelines:**

- A** By February 28, 2001, the Governor will issue an Executive Order creating the Idaho Council on Children's Mental Health (ICCMH) and establishing a first meeting date not later than 45 days following the signing of the Order. The Order will appoint the appropriate officers of the state agencies and request participation of those entities not appointed by the Governor. The executive order will specify inclusion of parent representatives/advocates in its composition and in all processes. The Order will delineate the key duties and powers of the Council, including their ability to create local/regional councils to aid in the implementation of the plan.
- B** The Council shall have the duty to evaluate, prioritize and make recommendations regarding the funding and delivery of children's mental health services statewide.
- C** By July 1, 2001, DHW will identify an operating budget for ICCMH that can be used to pay for contracted activities on behalf of the Council.
- D** One of the first tasks of the ICCMH will be to develop delegation strategies in order to successfully meet the deadlines and goals set forth in the action plan.
- E** By July 1, 2001, the Council will establish a definition of "collaboration" to be agreed upon by the membership and which will serve as a foundation for accountability measurements. This definition will be followed by the local councils upon their establishment.

- F Prior to the first meeting of the ICCMH, DHW will identify a lead person out of the Central Office who will coordinate with the ICCMH on their activities as well as to help identify sources of technical assistance.

**Desired Result:**

A state level, interagency council is established. The Idaho Council on Children's Mental Health provides state-level leadership and oversight for the implementation of the Idaho Children's Mental Health Services Act and the plan adopted by the federal court. The Council will serve to formalize and foster interagency decision-making on issues of children's mental health.

**Recommendation 3.**

**The Cabinet Council should operate in a manner that ensures comprehensive input from and information dissemination to all Idaho stakeholders. (Priority 2)**

**Background/Framework for Implementation**

The ICCMH consists of representatives of a broad array of community stakeholders; however, the Needs Assessment also noted that face-to-face meetings of advisory groups alone are not enough to gain input or share information with community stakeholders.

**Priority Action Items and Timelines**

- A The ICCMH will establish a protocol for the dissemination of information and for receiving input and questions from stakeholders. The protocol will, at a minimum, include the creation of an electronic bulletin board, use of public meetings, posters and other media, and publication of phone numbers for information. The protocol will be in place by July 1, 2001. In addition to the formal protocol, members have the responsibility to communicate with and gather input from the entities they represent.
- B By March 1, 2002, the ICCMH will develop a comprehensive communications plan using the established protocol. The communications plan will utilize various multi-media methods for the dissemination of information on children's mental health services and for outreach activities throughout the state.

**Desired Result:**

Idaho stakeholders, including parents of children with SED, have access to centralized, user friendly and accessible mechanisms for providing input to and learning about services, training opportunities, public meetings, and Council decisions and activities.

**Recommendation 4.**

**The Governor's Office and/or the Idaho Legislature should create regionally-based or county-based Child and Family Councils that parallel the Cabinet Council. (Priority 1)**

**Background/Framework for Implementation**

The Needs Assessment Executive Committee has established three local council demonstration sites located in Bonner, Canyon and Bonneville counties. These sites

serve as models of the collaboration needed to develop an integrated system of care as envisioned in the Needs Assessment. The sites have provided valuable information about how to develop local councils. They have also begun developing Memoranda of Agreement and other documents that can be used as prototypes for other local councils as they develop throughout the state.

The primary function of the local councils is to provide a collaborative multi-agency approach to both decision making and the delivery of community based mental health services to children with SED and their families who are not being served otherwise and who have complex needs which are best met through an integrated systems approach. This involves working with individual children and families to identify resources, develop collaborative treatment plans, and monitor outcomes. It also involves addressing interagency service issues at the local level and making recommendations to the ICCMH. The majority of children with SED and their families will be served directly by DHW, DJC, and SDE. See Recommendation 5.

Local collaboration and membership on councils is voluntary for the majority of the participant members; thus the action items below focus on the role state agencies and the Council can play in authorizing, supporting and resourcing local councils where members are interested in collaborating. "Local" will be defined by community participants and the ICCMH, with the goal of enabling families throughout Idaho to have access to a local council according to set protocols.

#### **Priority Action Items and Timelines**

- A** The Executive Order establishing the Idaho Council on Children's Mental Health will authorize the Council to establish local level councils according to resources, population, need and geographic considerations. The Idaho Council will define the specific key duties, powers, goals and outcomes to be achieved by the local councils, with local councils working in collaboration with the regional Health and Welfare offices to determine specific targets and priorities according to identified needs in the particular region.
- B** By September 1, 2001, at least seven local councils will be identified.
- C** By March 1, 2002, seven local councils will be operational. DHW will be responsible for taking the lead in establishing the local councils. The ICCMH, on an on-going basis, will evaluate and identify the need for additional councils in each regional area in order to increase family access to a local council.
- D** By August 1, 2001, DHW will identify operating and trustee/benefit funds that can be accessed by local councils. The ICCMH will establish criteria for local councils to access those funds. Expenditures of these funds on behalf of local councils will be tracked and reported to the ICCMH through annual reports prepared by the individual local councils.

- E** Each local council will develop a memorandum of agreement with participant members/agencies that delineates respective responsibilities, decision-making protocols, referral processes, treatment options, service protocols, confidentiality, fiscal management, and collaborative philosophy. Local councils should begin development of the memorandum of agreement immediately after the council is identified and should be prepared to begin implementing the agreement by March 1, 2002, or within six months of council establishment. DJC's district liaisons will be given this assignment for DJC.
- F** Progress of the councils will be evaluated on an on-going basis by each council and will be monitored by the ICCMH through review of documents, including the memorandum of agreement, parent satisfaction surveys, and through site reviews to assure they meet the requirements set forth by the state council. The local councils will submit a pre-operational progress report to the ICCMH. The ICCMH will establish timelines for regular monitoring.
- G** By March 1, 2002, each local council will identify targets related to their service provision, which will be included in the targets developed and monitored under recommendation 44. The local councils' actions under this item will be consistent with established ICCMH guidelines.
- H** By September 1, 2001, ICCMH will develop an educational process for communities to inform them of the value of local councils as a method of accessing children's mental health services. See also recommendation 10.
- I** The ICCMH will submit a written report annually to the Governor, in sufficient time to be included in the consideration of the budgetary process for the up-coming fiscal year. The report will include specific information on the expansion of the six core services. The report will be made available to the Idaho Legislature and the public, identifying the progress and barriers for council development and a corrective action plan to address identified gaps and deficiencies in the system of care for children with SED and their families. This action item may coincide with the Community Report Card referenced in recommendation 45. The annual report will also be sent to the State Planning Council on Mental Health.
- J** Federal IDEA legislation requires school districts to enter into interagency agreements as needed, to promote coordination and timely delivery of appropriate services to IDEA eligible students. Local council memoranda of agreement will meet this requirement. During the next three years, DHW and SDE will work together through the school districts to develop interagency agreements for families to access mental health services through local councils where appropriate and according to set access protocols.

**Desired Result:**

Local councils will work collaboratively to review cases of children with SED and make recommendations regarding treatment, thereby encouraging local control of decisions

affecting the community's children. Local councils will review cases of children with complex needs which cross agencies and those cases referred according to developed access protocols.

#### **Recommendation 5.**

**Local Councils should be empowered to share decision-making about the use of inpatient, residential treatment, therapeutic foster care, and day-based programming** (without regard to the child's "label" or the system recommending intensive services), **ensuring an interagency review of alternatives before system resources are committed to these most expensive levels of care on behalf of individual children. (Priority 1)**

#### **Background/Framework for Implementation**

Currently, families can access children's mental health services through a variety of methods and agencies. The creation of local councils does not replace existing methods for accessing services, rather it complements them, providing families a forum for multi-agency review and determination of the most appropriate services. Not all children identified as needing services will be staffed by a local council; however, children with complex, multi-agency involvement, children at risk of out-of-home placement, or transitioning to or from placement, may have the option of accessing local councils for review. It is critical that parents and staff from all systems are aware of local councils and understand how to access them. Access to and review of a case by a local council will not guarantee eligibility for, or the provision of, services through the council in every case. In cases where the council may deny services, the family may appeal to the agency where services were initiated. (See recommendation 27)

#### **Priority Action Items and Timelines**

- A** By July 1, 2001, the ICCMH will review other state models to see how they have used local councils to administer services for Children with SED. This information will be used by the council in developing its charge to local councils. This educational process may include accessing technical assistance from states that already have existing systems of care.
- B** By September 1, 2001, the ICCMH will establish consistent statewide guidelines for authorization of local councils to review individual cases, make treatment recommendations and identify funding for services within those guidelines.
- C** By March 1, 2002, local councils will establish consistent access protocols for authorizing review by the local councils based on the guidelines established by the ICCMH above. The access protocol will include a mechanism which will trigger local council review, *[where appropriate and legally allowed,]* prior to commitment to SHS or DJC, or before out-of-state or long-term residential treatment options are approved.
- D** DHW, DJC, and SDE legal counsel will develop an appeals process for families denied services through local councils and ensure that agency staff and families are familiar with the process.

**Desired Result:**

Decisions regarding use of intensive multi-agency services will be made collaboratively through local councils, resulting in the most appropriate, least restrictive placement for referred children with SED and more effective use of resources.

**Recommendation 6.**

**The Cabinet Council should establish a specific “School-As-Community-Base” work group to develop recommendations regarding ways in which local schools can best be used as a community base for the identification of needs and the delivery of services and supports to children and their families. (Priority 1)**

**Background/Framework for Implementation**

All school districts in Idaho have adopted policies and procedures that describe how they implement child find activities, assessment and identification of students with emotional disturbances and services to those students in accordance with the Individuals with Disabilities Education Act (IDEA) and Idaho Code. In addition, when appropriate and when services are available, school districts make student/family referrals to other agencies for mental health services.

**Priority Action Items and Timelines**

- A By July 1, 2001, the ICCMH will establish a workgroup led by SDE, with specific directions to develop recommendations for using schools to improve identification of children with mental health needs and to provide a base for service delivery. Recommendations should be presented to the Council by July 1, 2002, and should focus on models of other states, identification of space availability, transportation issues, seasonal issues and methods of integrating services and education.

**Desired Result:**

The established work group will make recommendations to the ICCMH on how to best utilize the schools as a base for identification and the delivery of services that will not disrupt the educational program to children with emotional disturbances.

**Recommendation 7.**

**It is recommended that one of two changes be made in the Jeff D. lawsuit: either 1) the judge overseeing the Jeff D. suit should expand the defendants to include at least IDJC and SDE, since both of those systems participate substantially in the identification and servicing of needs among the class of children covered by the suit; or 2) the lawsuit should be terminated as soon as IDHW, with involvement from its other state agency partners, submits the detailed work plan expected to be developed following submission of this report. (Priority 2)**

**Background/Framework for Implementation**

Each party will address this recommendation in a separate response to be filed within thirty (30) days of the filing of the plan.

The Department of Juvenile Correction did not oppose the Plaintiffs' motion to be joined as a defendant and has since become a party. DJC agrees that many of the youth in its custody have SED. DJC provides mental health services to a substantial portion of the youths in its custody. DJC will assist in implementation of those portions of the 50 recommendations that pertain to it and will collaborate with the other agencies and entities.